



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

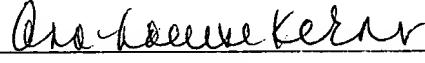
(to be used for all correspondence after initial filing)

| | | | |
|--|----|------------------------|-------------------------|
| | | Application Number | 08/887505-Conf. #1117 |
| | | Filing Date | July 2, 1997 |
| | | First Named Inventor | Robert E. KILKUSKIE |
| | | Art Unit | 1634 |
| | | Examiner Name | J. Martinell |
| Total Number of Pages in This Submission | 24 | Attorney Docket Number | 47508.250US3/HYZ-040CIP |

ENCLOSURES (Check all that apply)

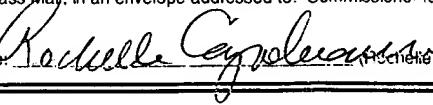
| | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application | <input type="checkbox"/> Remarks | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|--------|
| Firm Name | WILMER CUTLER PICKERING HALE AND DORR LLP | | |
| Signature |  | | |
| Printed name | Ann-Louise Kerner, Ph.D. | | |
| Date | January 18, 2006 | Reg. No. | 33,523 |

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: January 18, 2006

Signature:  (Rachelle Capobianco)



1634 ✓

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).
FEE TRANSMITTAL
For FY 2005

Applicant claims small entity status. See 37 CFR 1.27.

| | | | |
|--------------------------------|--------------------|---------------------|-------------------------|
| TOTAL AMOUNT OF PAYMENT | (\$) 200.00 | Attorney Docket No. | 47508.250US3/HYZ-040CIP |
|--------------------------------|--------------------|---------------------|-------------------------|

Complete if Known

| | |
|----------------------|-----------------------|
| Application Number | 08/887505-Conf. #1117 |
| Filing Date | July 2, 1997 |
| First Named Inventor | Robert E. KILKUSKIE |
| Examiner Name | J. Martinell |
| Art Unit | 1634 |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 08-0219 Deposit Account Name: Wilmer Cutler Pickering Hale and Dorr LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| <u>Application Type</u> | <u>FILING FEES</u> | | <u>SEARCH FEES</u> | | <u>EXAMINATION FEES</u> | | |
|-------------------------|--------------------|------------------------------|--------------------|------------------------------|-------------------------|------------------------------|-----------------------|
| | <u>Fee (\$)</u> | <u>Small Entity Fee (\$)</u> | <u>Fee (\$)</u> | <u>Small Entity Fee (\$)</u> | <u>Fee (\$)</u> | <u>Small Entity Fee (\$)</u> | <u>Fees Paid (\$)</u> |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | _____ |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | _____ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

| | |
|------------------------------|-----------------|
| <u>Small Entity Fee (\$)</u> | <u>Fee (\$)</u> |
|------------------------------|-----------------|

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> | |
|---------------------|---------------------|-----------------|----------------------|----------------------------------|----------------------|
| | | | | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| 33 | - 45 = | x | = | | |
| 6 | - 4 = | 2 | x 100.00 = | 200.00 | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|---|-----------------|----------------------|
| _____ | - 100 = | /50 (round up to a whole number) x | _____ | = _____ |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

| <u>SUBMITTED BY</u> | | <u>Registration No.</u> (Attorney/Agent) | <u>Telephone</u> |
|---------------------|--------------------------|---|------------------|
| Signature | <i>Ann-Louise Kerner</i> | 33,523 | (617) 526-6000 |
| Name (Print/Type) | Ann-Louise Kerner, Ph.D. | Date | January 18, 2006 |

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: January 18, 2006

Signature: *Michelle Capobianco*
 (Michelle Capobianco)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. 08/887,505 Art Unit: 1634
Applicant: Kilkuskie *et al.* Examiner: James Martinell
Date Filed: July 2, 1997 Conf. No.: 1117
Docket No.: HYZ-040CIP/47508.250US3 Cust. No.: 23483
Title: Oligonucleotides Specific for Hepatitis C Virus

CERTIFICATION UNDER 37 C.F.R. § 1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below.

1/18/2006

Date of Mailing



Rochelle Capobianco

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT PURSUANT TO 37 C.F.R. § 1.111

Sir:

In response to the Office Action of *October 20, 2005* (hereinafter "Office Action"), please amend the above-identified application as follows:

Amendments to the Specification begin on *page 2* of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on *page 3* of this paper.

Remarks begins on *page 9* of this paper.

Appendix A follows *page 19* of this paper.

Applicants respectfully request reconsideration of the instant application in light of the above.